

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED

JAN 26 2010

Secretary of State
Capitol Office

DATE STAMP

Candidate's Name Sara Richardson Thomas

Full Address 512 B.B. King Rd. Indianola (Sunflower County)

Telephone (662) 887-2628 (Fax) _____

E-mail _____

Office Sought Representative Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$ <u>775.00</u>	\$ <u>775.00</u>
Total amount of disbursements	\$ <u>775.00</u>	\$ <u>775.00</u>
Total amount of cash on hand	<u>\$4,138.58</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Sara Richardson Thomas
Signature of Candidate

1/26/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Sara R. Thomas

Reporting period

Jan. 1, '09

through

Dec. 31, '09

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name WB Consolidated		4/10/09	\$ 200.00
Mailing Address 770 North West Street		___/___/___	\$
City, State, Zip Code Jackson, Ms. 39205		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 200.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Advance America		4/22/09	\$ 250.00
Mailing Address 135 N. Church Street		___/___/___	\$
City, State, Zip Code Spartanburg, S.C. 29306		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jessie C. Pennington		5/8/09	\$ 125.00
Mailing Address 453 Cedarwood Dr.		___/___/___	\$
City, State, Zip Code Jackson, Ms. 39212		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 125.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT&T Mississippi		9/18/09	\$ 200.00
Mailing Address 175 E. Capital Street		___/___/___	\$
City, State, Zip Code Jackson, Ms. 39201		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 200.00

Name of Candidate or Committee

Sara R. Thomas

Reporting period

Jan. 1, '09

through

Dec. 31, '09

ITEMIZED DISBURSEMENTS

A. Full name	Mt. Olive M.B. Church	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	138 Charlie Ellis Rd.	7-1-09	\$ 400.00
City, State, Zip Code	Indianola, Ms. 38751	- / - / -	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 400.00
B. Full name	Gentry High School	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		5-1-09	\$ 200.00
City, State, Zip Code	Indianola, Ms.	- / - / -	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 200.00
C. Full name	Indianola Pee Wee Basketball	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		6-1-09	\$ 175.00
City, State, Zip Code	Indianola, Ms.	- / - / -	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 175.00
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		- / - / -	\$
City, State, Zip Code		- / - / -	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		- / - / -	\$
City, State, Zip Code		- / - / -	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		- / - / -	\$
City, State, Zip Code		- / - / -	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$